



## Psychology Postdoctoral Residency Program

Southeast Louisiana Veterans Health Care System (117)  
 P.O. Box 61011  
 New Orleans, LA 70161-1011  
 504-412-3700  
<http://www.neworleans.va.gov/>

**Applications Due: January 3, 2022**

### **Accreditation Status**

The postdoctoral residency at the Southeast Louisiana Veterans Health Care System is fully accredited by the Commission on Accreditation of the American Psychological Association. Our next site visit will be in 2027.

### **Application & Selection Procedures**

Applicants must be U.S. citizen and have completed training in an APA- or CPA-approved clinical or counseling psychology doctoral program and an APA-accredited psychology internship. All requirements for the doctoral degree must be completed prior to the start of the postdoctoral residency year. Please see the section on "Additional Information on Federal Employment" at the end of this brochure for additional conditions and expectations. As an equal opportunity training program, the residency welcomes and strongly encourages applications from all qualified candidates, regardless of gender, racial, ethnic, sexual orientation, disability or other minority status

Click on the following link to access the [APPA CAS \(APPIC Psychology Postdoctoral Application\)](#). Complete the basic demographic, education, clinical training information and transcripts required of all applicants for all APPA CAS programs. APPA CAS allows you to request letters of recommendation electronically which are then uploaded by the letter writer. (Note: APPA CAS refers to letters of recommendation as "Evaluations"). The specific requirements for the SLVHCS program are indicated below as well as within the APPA CAS system.

***The following application requirements must be included (uploaded) in the APPA CAS for all of the postdoctoral residency positions:***

1. A letter of interest that identifies career goals, expectations, and goodness of fit with the postdoctoral residency.
2. A doctoral program transcript (copies acceptable).
3. A current curriculum vitae.
4. Letter of status from academic program and anticipated completion date.
5. If your dissertation has not been completed at the time of application, please submit a letter from your dissertation chair documenting the timeline for completion of the dissertation.
6. Three letters of recommendation, one of which must be from an internship supervisor (electronic submissions should be sent directly from letter writer).

The deadline for completed applications is **January 3, 2022** for the training year starting in Fall of 2022. All materials must be received by this date in order to be considered. All application materials must be submitted through the APPA CAS.

**SLVHCS has an APA-accredited internship program. Interns from our program often choose to apply to our postdoctoral residency, and if they meet the requirements we reserve the right to give them early consideration. Thus, in any given year it is possible that we may not accept applications from outside applicants for one or more positions. We provide an announcement in**

**our listing in the UPPD as to whether we will be accepting external applications by the end of the first week of December.**

A successful candidate for the postdoctoral residency positions in PTSD and Behavioral Medicine/Health Psychology will have had some specialty training in the area of emphasis. Our goal is to select postdoctoral residents who have the potential to develop as leaders in clinical services, research, and education.

Each application is initially reviewed for eligibility after all materials are received. A selection committee is composed of supervising faculty in each emphasis area. The selection committee reviews all written materials and provides telephone/virtual or in-person interviews to top candidates. Final rankings and offers are determined by consensus of the committee based on written and interview information. We emphasize goodness of fit with our training model and program philosophy, and a general openness to feedback and supervision.

***Inquiries should be sent to:***

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### **Psychology Setting**

Southeast Louisiana Veterans Health Care System (SLVHCS) is a medical center with a strong emphasis on teaching health professionals and an ongoing commitment to medical research and preventive medicine. Teaching and research affiliations are currently maintained with Tulane University School of Medicine and the Louisiana State University School of Medicine, enhancing the high quality of patient care provided to Veterans. In addition to the Psychology Internship Training Program and Postdoctoral Residency, SLVHCS offers comprehensive health training opportunities to social work trainees, pharmacy students, nursing students, allied health professionals, medical students, and medical residency & fellowship programs.

Kenneth Jones, Ph.D. currently serves as Chief of Psychology and C. Laurel Franklin, Ph.D. serves as Associate Chief of Psychology. The SLVHCS Psychology Training Committee is currently comprised of 20 doctoral level psychologists. We currently have five graduate-level externs, five pre-doctoral interns and six postdoctoral residents. Psychologists apply the knowledge and skills of psychology as a science and profession toward three primary goals: (1) patient assessment, treatment, and rehabilitation; (2) psychology-related education and training; and (3) research designed to enhance knowledge of normal and abnormal behavior and clinically relevant practices. Opportunities are available for residents to participate in all three of these areas. Teaching and research affiliations are currently maintained with Tulane University School of Medicine and the Louisiana State University School of Medicine, enhancing the high quality of patient care provided to Veterans of these areas. SLVHCS has eight outpatient clinics in the 23 parish southeast Louisiana area.

Psychologists at SLVHCS function within an autonomous Psychology Service and cooperate with Psychiatry and Social Work Services to provide a broad range of mental health services to Veterans. Within this system, psychologists hold primary administrative responsibility for a variety of mental health programs. Our new, state of the art, medical center opened in December 2016; thus the 2022-2023 postdoctoral training cohort will be working within the new, fully operational medical center. There are currently nine programs within the Mental Health Service that provide specialized mental health services, including the Substance Use Disorder Treatment Team (SUDT), PTSD Clinical Team (PCT), Ambulatory Mental Health Care (AMH), Primary Care-Mental Health Integration (PCMHI), Homeless Program, Mental Health Intensive Case Management (MHICM), Compensated Work Therapy (CWT), Military Sexual

Trauma (MST) clinic, Family Program, and psychologists are also integrated into various healthcare teams within the hospital. Psychologists have been appointed to leadership positions on several clinical teams, reflecting both the capabilities of individual psychologists, and the high regard in which psychologists are held within SLVHCS.

## **Training Model and Program Philosophy**

### ***Guiding Principles***

The postdoctoral residency program has been developed to meet the guidelines established by the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the VA Guidelines for Postdoctoral Programs. It ascribes to the principles articulated by the Ann Arbor Conference on Postdoctoral Education and Training in Psychology.

The program has been accredited by the APA since June of 2012. Questions regarding accreditation can be directed to:

**Office of Program Consultation and Accreditation**  
**American Psychological Association**  
**750 First Street, NE**  
**Washington, DC 20002**  
**(202) 336-5979**  
**[www.apa.org/ed/accred.html](http://www.apa.org/ed/accred.html)**

### ***Program Philosophy and Values***

**Training is the focus of the postdoctoral residency program.** Service delivery is an essential vehicle through which training occurs, but is secondary to the educational mission of the postdoctoral residency program. Toward this end, postdoctoral residents are encouraged in a variety of ways to plan their residency experiences in a manner that maximizes their individual learning goals. Supervision is an integral part of the overall learning experience – the staff is committed to providing quality supervision and active mentoring in support of the postdoctoral resident's individual goals.

**Training is grounded in the scientist-practitioner model.** Our program assumes that good practice is always grounded in the science of psychology. In turn, the science of psychology is necessarily influenced by the practice of psychology. Consequently, our approach to training encourages clinical practice that is consistent with the current state of scientific knowledge while still acknowledging the complexities of real patients and the limits of our empirical base. In this regard, we aim to produce psychologists who are capable of contributing to the profession by investigating clinically relevant questions through their own clinical research or through program development and evaluation.

**Training is individualized.** The postdoctoral residency year allows for the consolidation of professional identity, and further development of professional skills and competencies. Because postdoctoral residents function at a more advanced level than the doctoral intern, they are capable of assuming greater responsibility for clinical care, teaching, and research activities. We also strive to build professional identity and responsibility through involvement in the training process. Toward this end, postdoctoral residents are called upon to take responsibility for many decisions that impact their learning experiences. With help from their mentors, postdoctoral residents construct an individualized training plan that identifies the goals and experiences of importance to the resident and outlines a strategy for achieving these within the training period. As a part of this plan, postdoctoral residents have a role in selecting the clinical settings in which they will work, and have great latitude in selecting supervisors and mentors.

**Training is collaborative.** Teams are an integral part of the mental health programs at SLVHCS. Collaboration and cooperation is essential at every level: clinical, research, or administrative. Working with other psychologists as well as with professionals from other disciplines is an important part of professional development at the postdoctoral level.

**Training is sensitive to individual differences.** Our training program is sensitive to individual differences and diversity. We believe that psychology practice is improved when we develop a broader and more compassionate view of what it is to be human. Our practice is improved as we better understand the complex forces that influence a person's psychological development, including cultural, social and political factors. Therefore, professional growth requires that the training experiences we offer our trainees, allow them to more thoroughly understand the perspective of others. Our internship and postdoctoral programs place high value on attracting a diverse group of trainees and on maintaining an awareness of diversity issues during the training year.

## **Program Aims and Competencies**

### ***Purpose and Goals***

The purpose of the Postdoctoral Residency program is to train professional psychologists for independent professional psychology practice in the areas of clinical services, research, and education. This is best achieved through advanced training in general professional psychology complemented by intensive experience in a special area of emphasis.

### ***Specific Competencies to be Developed***

The postdoctoral residency program is structured to provide training activities to facilitate development of advanced competencies in several areas important for the provision of good clinical care, research, and education. Competencies are separated into two levels:

**Level One Competencies:** These are advanced competency areas required of all APA-accredited programs at the postdoctoral level.

- ***Level One Competency #1: Integration of Science and Practice***  
This includes the influence of science on practice and of practice on science.
- ***Level One Competency #2: Individual and Cultural Diversity***  
This includes issues of cultural and individual diversity relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area.
- ***Level One Competency #3: Ethical and Legal***  
This includes professional conduct, ethics and law, and professional standards for providers of psychological services relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area.

**Level Two Competencies:** Level two competencies are advanced competencies that we believe are an integral part of preparing our residents for advanced practice and eventual leadership roles in clinical services, research, and education—particularly in medical center, public sector, and academic settings. Our Level two competencies include: assessment and intervention skills; communication, interpersonal, and interprofessional skills; and professional development.

- ***Level Two Competency #1: Assessment and Intervention Skills***  
Competencies: Residents should be able to appropriately assess and diagnose a broad range of patients with varying psychiatric disorders. Residents should be able to conduct a thorough clinical interview and select appropriate assessment tools for evaluation. Assessment should take cultural considerations into account and be practiced with awareness of current ethical and professional standards. The resident may also demonstrate advanced skill in assessment by providing consultation and/or instruction in this area to other providers. Residents should provide appropriate intervention to a diverse population with a range of presenting problems and treatment needs. Residents should demonstrate advanced skill in empirically supported interventions, with particular emphasis on those most relevant to their focus area, and provide clinical leadership with junior trainees or providers. Residents should demonstrate advanced skill in assessing therapeutic outcomes, revising treatment plans as necessary to achieve therapeutic goals. Residents should demonstrate effective consultation skills to other professionals by providing assistance in clinical matters.

- Level Two Competency #2: Communication, Interpersonal, and Interprofessional Skills**  
 Competencies: Residents should demonstrate effective communication skills with a variety of individuals, including patients, nonclinical staff, supervisors, and clinical and administrative leaders. Residents should demonstrate advanced skills in oral, nonverbal, and written communication in a full range of professional contexts (e.g., individual and group supervision, case consultation, administrative meetings, formal and informal presentations). Residents should demonstrate significant abilities in appropriately delivering challenging feedback or proactively addressing interpersonal or interprofessional conflicts. Residents should demonstrate at least beginning skills in supervision and/or consultation, as well as knowledge of, and sensitivity to, ethical, legal, and cultural issues in providing supervision and/or consultation. Residents should demonstrate an advanced level of knowledge of the VA health care and mental health care system, including an understanding of the roles of other professions. Residents actively demonstrate respect for and a willingness to learn from diverse viewpoints.
- Level Two Competency #3: Professional Development**  
 Competencies: Residents should demonstrate continued growth in professional development and identity as a psychologist over the postdoctoral year. Residents should assume increasing professional responsibility and independence in patient care, consultation, and research activities. Residents demonstrate an ability to engage in self-directed learning and are increasingly self-guided in supervision, demonstrating skill in managing their own learning and growth with appropriate input from others. Residents display developmentally appropriate career management as relates to career opportunities, preparation for licensure, and involvement in professional and scientific organizations. They should make themselves available to other professionals as an educational resource and serve as a role model of professional behavior to other less developed trainees.

### **Program Structure**

The Postdoctoral Residency year consists of 52 weeks. It typically begins sometime in mid-August. Postdoctoral residents work five eight-hour days each week (8:00-4:30pm, with a half hour lunch break, and 2, 15-minute breaks) and a total of 2080 hours (including vacation and sick leave). Compressed tours may be available according to need of program and patients; work days in our community-based clinics are typically 7:30-4:00pm. About 80% of time is devoted to clinical services, including research, and 20% to attending didactics, peer consultation, meetings, etc. Jessica Walton, Ph.D. and Christopher R. L. Parkinson, Ph.D., ABPP are Co-directors of training with Dr. Walton overseeing the internship and Dr. Parkinson the residency program respectively. The training provided meets licensure requirements for the state of Louisiana; all supervisors will be appropriately licensed and able to certify training hours.

### ***Postdoctoral Residents Primary Training Experiences:***

- A. **PTSD emphasis (2 positions):** Postdoctoral residents work primarily (75%) in the PTSD clinic, but are required to spend additional time (25%) working in clinics/programs outside of PTSD.
- B. **Behavioral Medicine/Health Psychology with Primary Care Mental Health Integration (PCMHI) emphasis:** Postdoctoral residents work primarily (75%) in the Behavioral Medicine program (PCMHI), but are required to spend additional time (25%) working in clinics/programs outside of Behavioral Medicine.
- C. **Behavioral Medicine/Health Psychology with Pain & Rehabilitation Psychology emphasis:** Postdoctoral residents work primarily (75%) in the Behavioral Medicine program (pain & rehabilitation programs), but are required to spend additional time (25%) working in clinics/programs outside of Behavioral Medicine.
- D. **Acute Care: Inpatient Mental Health & Medicine:** Postdoctoral residents work half (50%) of time in the Inpatient Mental Health Unit and half (50%) of time in the Inpatient Medical setting.

- E. Rural and Underserved Populations:** Postdoctoral residents work within our rural Community Based Outpatient Clinic in St. John and in the community with Home-Based Primary Care, attending to the care of rural and underserved Veterans with an emphasis on empirically supported treatments.

## **A. Posttraumatic Stress Disorder**

**Supervisors: Jessica Walton, Ph.D.; Chelsea Ennis, Ph.D.**

The PTSD Outpatient Treatment Program provides specialized outpatient treatment to Veterans suffering from military related readjustment problems, including PTSD. Services provided by the PTSD program are in two major areas: 1) Consultation services including diagnostic assessment and treatment planning; 2) Individual and group psychotherapies utilizing evidenced based interventions for PTSD.

Veterans receiving services in this program are combat Veterans from WWII, Korean conflict, Vietnam, the 1st Gulf War, and Operations Enduring Freedom, Iraqi Freedom, and New Dawn (OEF/OIF/OND), as well as Veterans from peacekeeping missions and those Veterans who experienced non-combat trauma. Additional potential training opportunities within the program include services for Veterans with trauma and comorbid substance abuse problems, as well as Veterans who experienced Military Sexual Trauma.

Trainees may conduct comprehensive intake evaluations and have the opportunity to administer additional PTSD-specific assessments (e.g., CAPS-5) for situations when diagnostic clarification is needed. Residents may opt to participate in the treatment planning group where Veterans are educated on both non-EBP and EBP treatment options offered within the program. Residents working with Dr. Walton can receive training in providing evidence-based psychotherapies (EBPs), including Prolonged Exposure Therapy, Cognitive Processing Therapy for PTSD, as well as treatments for trauma-related insomnia (Cognitive Behavioral Therapy for Insomnia), Motivational Enhancement Therapy (MET), recurrent nightmares (Imagery Rehearsal Therapy), and emotional and interpersonal regulation difficulties (Skills Training in Affective and Interpersonal Regulation). Residents working with Dr. Ennis can receive training in providing EBPs for PTSD (i.e., PE and CPT), depression (CBT for depression), and sleep disturbances (i.e., IRT for nightmares and CBT for insomnia). In addition, residents may work with high-risk Veterans with Dr. Ennis via the Inpatient and Post-Discharge groups. In these groups, residents will have the opportunity to provide psychoeducation and brief CBT for suicide prevention among Veterans who have recently been discharged from the inpatient unit at SLVHCS.

Postdoctoral residency instruction will incorporate both experiential and didactic methods, including supervised clinical assessment and treatment, attendance and active participation (teaching) in seminar and colloquium series, participation in applied research, and provision of intermediate levels of supervision (e.g., interview administration and interpretation) to pre-doctoral interns and externs.

Instruction emphasizes individual modeling, with postdoctoral residents typically observing supervisors employing relevant skills prior to attempting them. In-vivo supervision occurs for structured interviews, and postdoctoral residents initially co-leading any groups with experienced staff prior to conducting such groups individually. A full range of empirically-supported treatments are utilized by postdoctoral residents, including Cognitive Processing Therapy and Prolonged Exposure. In each training setting, opportunities exist to engage in consultative and collaborative treatment planning interactions with professionals from other areas, including physicians, clinical pharmacists, social workers, and nursing staff.

## **Health Psychology/Behavioral Medicine**

Psychologists and residents function as consultants on the psychosocial and behavioral aspects of disease expression, control, and prevention and overall health promotion. SLVHCS offers unique opportunities for applying principles of behavior and cognitive management in the arena of primary and specialty health care service delivery. Residents share responsibilities for providing acute and extended treatments for a wide range of emotional and behavioral complications of disease and medical & surgical

procedures, as well as health promotion. We offer two major emphasis areas: Primary Care-Mental Health Integration, and Pain & Rehabilitation Psychology. Training opportunities may also be available in the areas of infectious disease, palliative care, bariatrics, and home-based primary care.

**B. Residency with Primary Care-Mental Health Integration Emphasis**  
**Supervisor: Karen Slaton, Ph.D.**

In Primary Care-Mental Health Integration, there is a strong focus on patient-centered, population-based, integrated care. Utilizing principles of motivational interviewing and VA-developed patient education model (TEACH), the resident will be involved in providing same-day access to behavioral health services for veterans seen in Primary Care as well as behavioral medicine interventions that are critical to the mission of prevention, health promotion, and chronic disease management. All trainees are exposed to the VA PCMH Certification training material and conduct patient interactions according to this model. Interventions are brief and focused on improving veteran functional impairments. Evidence supported treatments developed by the Center for Integrated Care are utilized along with interventions from behavioral activation, problem solving training, CBT, DBT, and ACT to name a few. The program's settings provide experience with a very diverse range of patient backgrounds and presenting problems. As such, developing competency in the provision of culturally sensitive care is a major training component.

Learning experiences include:

- Behavioral health consultation according to an Integrated, Collaborative Care Model.
- Provision of same-day/as needed access to behavioral health assessment and treatment services for veterans in Primary Care.
- Consultation to primary care providers and other specialists related to management of behavioral health concerns in a medical setting, chronic disease management, and utilization of behavior change strategies related to improving psychological and medical outcomes.
- Implementation of evidence-based/supported individual or class intervention practices, such as Brief CBT (pain and insomnia), Behavioral Activation, Motivational Interviewing, and skills-based approaches (e.g., stress management, mindfulness, pain management) targeting behavior change to improve functioning and promote physical and mental health.
- Co-facilitation of interdisciplinary shared medical appointments for chronic health conditions, such as diabetes mellitus, chronic pain, tobacco cessation, and the MOVE! weight management program.
- Psychosocial assessments for transplant (e.g. lung, kidney, liver, and stem cell) and presurgical evaluations prior to bariatric surgery.
- Collaboration and consultation with a variety of other disciplines related to implementation and evaluation associated with the Patient Aligned Care Teams (PACTs).
- Provision of supervision to other psychology trainees.
- Other behavioral medicine experiences can be created to meet resident training goals.

**C. Residency with Pain and Rehabilitation Psychology Emphasis**  
**Supervisor: Joseph Vigil, Ph.D.**

Postdoctoral residents will receive training in integrated health care in the broad area of behavioral medicine with emphasis in pain and rehabilitation psychology. At SLVHCS, the model of care involves working on a variety of interdisciplinary teams across the hospital utilizing motivational interviewing and a patient-centered approach. Current clinical opportunities include working on medicine floors and working closely with rehabilitation psychology in Physical Medicine and Rehabilitation (PM&R) service, which includes the Pain Medicine service, working as both a behavioral health consultant and providing direct interventions using both group and individual approaches. Postdoctoral residents will receive training to function effectively as independent clinicians and as members of an interdisciplinary team located in the specialty care setting.

Learning experiences include:

- Helping patients and other providers understand and overcome barriers to treatment adherence for medical issues, acute and chronic illnesses, and cognitive and physical limitations.
- Provision of health psychology and integrated behavioral health assessment/intervention through participation in individual and group treatment, accepting referrals from areas such as Primary Care, Neurology, Urology, Infectious Disease, Gastroenterology, etc.
- Participation in PM&R clinics, such as Spinal Cord Injury (SCI), ALS, Cardiac Rehabilitation, Amputee, Polytrauma Team (with TBI patients), etc.
- Assessments to formulate recommendations to various interdisciplinary teams, including psychosocial assessment prior to solid organ transplantation and presurgical evaluations prior to device implantations (e.g., SCS, LVAD, intrathecal pumps), bariatric surgeries, neurosurgery, etc.
- At all VA Medical Centers, chronic pain is treated using a stepped-care approach and according to a biopsychosocial model. Pain psychology provides comprehensive evaluation of patients with chronic pain, as well as psychological and behavioral interventions for the treatment of chronic pain and co-morbid conditions.
  - Participation in the Pain Evaluation Program (PEP) a specialized team for evaluating and recommending treatment for pain within the primary care setting.
  - Provision of curbside and formal consultation with interdisciplinary pain team members and health care providers including pain physicians (including PM&R and Anesthesia fellows).
  - Provision of psychological testing and assessment prior to spinal cord stimulator and pain pump implantation, as well as spinal surgeries.
  - Implementation of evidence-based or supported interventions: (1) Cognitive Behavioral Therapy for Pain (CBT-CP, BCBT-CP, CBT-CP/PTSD) (2) Acceptance and Commitment Therapy for Chronic Pain, (3) Clinical Hypnosis for Pain, (4) Yoga Therapy for Pain, and (5) Mindfulness-based approaches to pain treatment.
  - Participation in the CARF-accredited Comprehensive Pain Rehabilitation Program (CPRP) along with a pain psychologist, physical therapists, occupational therapists, dietitians, recreational therapists, and others allied health professionals.

Postdoctoral residents will work broadly in health psychology functioning in other areas of the hospital, such as Primary Care-Mental Health Integration (PCMHI) and may have the opportunity to work with PACT teams providing treatment for medical conditions in a primary care setting and provide clinical coaching to PACT team members.

Finally, the residency aims to increase knowledge and competencies with clinical research. This may include conducting research (e.g., analyzing data and preparing manuscripts on existing data sets and other involvement in ongoing research projects), program development, program evaluation, critical reviews of articles and book chapters, grant writing, and attendance at research meetings.

#### **D. Acute Care: Inpatient Mental Health & Medicine**

**Primary Supervisors: Christopher R. L. Parkinson, Ph.D., ABPP and Desirae N. Vidaurri, Ph.D.**

There are unique aspects to working on an inpatient setting including higher acuity, increased complexity, faster pace, and atypical workflow. Psychologists in this setting typically focus on provision of short-term, evidence-based interventions. These interventions are often provided in collaboration with other healthcare professionals and/or patients' families. These unique aspects, among others, are shared by psychologists who work in both inpatient mental health and medical settings. Due to these similarities, SLVHCS offers a combined residency in acute care with 50% of time spent in inpatient mental health and 50% of time spent in the inpatient medical setting.



Our facility is also acutely aware of the challenges faced by healthcare providers on inpatient settings during the COVID-19 pandemic. SLVHCS has established TeleAcute Care services by which our behavioral health providers can continue to provide consultation and intervention via tablets on various inpatient settings.

### **Inpatient Psychology**

**Supervisor: Desirae N. Vidaurri, Ph.D.**

On this rotation, emphasis is placed on adapting empirically supported treatments for short term delivery on an acute mental health unit. Focus will be on learning a modular approach to flexibly applying treatments that are evidence based, particularly from a cognitive behavioral perspective, to a broad range of diagnoses. Residents will have the flexibility to tailor the experience to their training goals, customizing their experience by highlighting particular areas of interest (e.g., assessment; brief individual therapy), while learning to work in an acute setting.

Major components of this rotation include:

- Leading or co-leading group therapy, tailoring empirically supported treatments, particularly from a cognitive behavioral perspective, to the current population on the unit
- Exposure to cognitive behavioral therapies, including Dialectical Behavior Therapy (DBT), and other complementary treatments such as Motivational Interviewing
- Collaboration with other mental health professionals, such as psychiatry, pharmacy, social work, and nursing within a uniquely integrated team

Residents will have the opportunity to:

- Engage in assessment, such as learning and/or administering diagnostic interviews and personality or symptom measures
- Provide psychoeducation to Veterans on mental health diagnoses, such as explaining the relationship between avoidance and anxiety or isolation and depression
- Conduct brief recovery focused, cognitive behavioral interventions, such as utilizing a solution focused approach for an identified stressor
- Lead or co-lead group therapy, utilizing a modular approach to implement cognitive behavioral treatments such as basic CBT for PTSD, depression, and insomnia, DBT skills, and Motivational Interviewing

Residents will engage in professional development related activities, such as:

- Collaboration with an interdisciplinary team to further develop their identity as a psychologist among other mental health professionals, including psychiatry, social work, nursing, and pharmacy
- Participate in or organize outreach activities, such as caring contact letter campaigns as a means of suicide prevention, for Veterans who have been discharged from the unit
- Learn more about administrative roles that psychologists may fill, such as organizing and coordinating programming for the unit

### **Inpatient Consultation-Liaison**

**Supervisor: Christopher R. L. Parkinson, Ph.D., ABPP**

**Additional Supervisors: Karen Slaton, Ph.D., and Joseph Vigil, Ph.D.**

This rotation is designed to provide a combination of training experiences broadly within Health Psychology on an inpatient medical setting. The rotation emphasizes evidence-based education and clinical training with a goal of preparing the resident to function independently as a Clinical Health Psychologist in a multidisciplinary, inpatient medical setting. The inpatient medicine rotation takes a biopsychosocial approach emphasizing the interrelated aspects of health and disease, cognition, emotion, personality, and behavioral factors. Treatment is based on a whole health approach and is not limited to one domain of functioning.

The resident provides consultation-liaison services to inpatient teams on the medicine, surgery, intensive care units, and community living center. Due to the diversity of areas from which consults are received and the varied presenting concerns of patients, the resident will gain experience with a full range of medical and psychiatric issues encountered in a fast-paced environment. Psychological consultation may be requested for issues such as adjustment to a new medical diagnosis, anxiety, depression, quality of life, behavioral management of physical symptoms (fatigue, insomnia, nausea, pain), adherence to treatment regimens, marital/family conflict, end-of life/existential issues, pre-existing psychiatric issues, and concerns regarding medical decision-making capacity. Residents will learn to comprehensively, yet concisely evaluate patients with comorbid medical and psychiatric conditions to determine accurate diagnoses considering pertinent information for conceptualization, appropriate treatment, and feedback to referring medical teams. Brief cognitive assessment may at times be utilized to inform treatment recommendations and decision-making. The resident will primarily focus on the provision of short-term evidence-based treatments.

The resident will gain experience working on a multidisciplinary team of hospitalists, medical residents/fellows, medical students, social workers, nurses, and other allied health professionals. The resident will achieve competencies in communication skills, collaboration with other health professionals, treatment planning, and delivery of bedside Health Psychology interventions. To facilitate continued education, the resident will complete assigned readings targeting differential diagnosis and common psychological presentations of medical conditions. They will attend a national Health Psychology Seminar Series and have the opportunity to present at medical grand rounds. The resident will regularly attend interdisciplinary rounds (IDR) on the medical and surgical units from which consults are received.

### **E. Rural and Underserved Populations Emphasis**

**Supervisors:** Arnold James, Ph.D.; Jessica Walton, Ph.D.

The postdoctoral resident will have training experiences in Community Based Outpatient Clinic (CBOC), Home Based Primary Care (HBPC), and Military Sexual Trauma (MST). Postdoctoral Residency training is outlined in individualized treatment plans. This plan is developed in the beginning of the year by the postdoctoral resident in conjunction with faculty. As this position involves multiple sites and supervisors, these are listed below.

#### **Community Based Outpatient Clinic (CBOC) & Telehealth**

**Supervisor(s):** Various Supervisors

Major components of this rotation include:

- Triage decision-making to prioritize service delivery;
- Opportunities for evidence-based psychotherapies in individual & group formats;
- Structured clinical intake assessments;
- Consultation and collaboration with primary care providers for psychological and medical management;
- Referral to specialty mental health programs, and coordination of care with the onsite psychiatrist/mental health staff;
- Opportunity for consult management & coordination of care

#### **Home-Based Primary Care**

**Supervisor:** Arnold James, MPH, Ph.D

The VA Home-Based Primary Care (HBPC) program provides comprehensive, interdisciplinary primary care services in the homes of Veterans with complex and chronic, disabling disease. In addition to primary care interventions, HBPC provides palliative care, rehabilitation, disease management, and care coordination services. HBPC targets Veterans in advanced stages of chronic disease, particularly those at high risk of recurrent hospitalization or nursing home placement. Outcome measures have demonstrated HBPC to be effective in managing chronic disease and reducing inpatient days and total cost of care. HBPC teams typically include representatives from such disciplines as medicine, nursing,

pharmacy, social work, rehabilitation and dietetics. Currently, HBPC programs have limited, if any, mental health staff providing clinical care. Studies have shown that homebound elderly patients are at especially high risk for mental health problems which may exacerbate medical illness and physical problems.

Under supervision of a clinical psychologist, the fellow will assist in providing coverage for the HBPC team. The fellow will provide a full range of psychological services to HBPC patients, including screening; psychological, cognitive, and capacity assessments; psychotherapy; and prevention-oriented services. Mental health treatment and prevention-oriented services will emphasize evidence-based and best practice approaches. The fellow will also provide evidence-based interventions to help HBPC patients manage behavioral factors associated with behavioral medicine problems and to promote medical adherence. This individual will function as a full member of the HBPC team and provide ongoing team consultation services to other HBPC team members. Process and outcome measures will be implemented to evaluate the impact of providing specialty mental health services on HBPC programs and patients. In addition to the primary role as mental health provider for HBPC, the fellow may have secondary duties in other geriatrics and extended care settings. The level of involvement in these settings will depend on the HBPC workload.

### **Military Sexual Trauma**

#### **Supervisors: Jessica Walton, Ph.D.**

Training experiences are provided in individual, evidence-based treatment of military sexual trauma (MST) in both female and male Veterans. Training is provided in either Cognitive Processing Therapy (CPT) or Prolonged Exposure (PE) therapy, according to the program needs and resident preferences. Training in these therapies may include didactics, readings, web-based coursework, and/or team consultation. Individual supervision in clinical application is provided. Additional experiences may include intake assessment (clinical interview and psychometric evaluation) or group psychotherapy. In assessment, there is an emphasis on case conceptualization, differential diagnostic formulation, identification of therapeutic targets and prioritization of these targets for intervention.

## **Additional Training Experiences**

### **Palliative Care**

#### **Supervisor: Christopher R. L. Parkinson, Ph.D., ABPP**

Residents interested in obtaining experiences in palliative care psychology will develop education and skills in the following areas (1) Psychological, sociocultural, interpersonal, and spiritual factors in chronic disease and life-threatening or terminal illness, (2) Advanced illness and the dying process, (3) Socioeconomic and health services issues in end-of-life care and systems of care, (4) Normative and non-normative grief and bereavement, (5) Assessment of issues common in patients with chronic, life-threatening, or terminal illness and their family members, (6) Treatment of patients with chronic, life-threatening or terminal illness focusing on symptom management (e.g. pain, depression, anxiety) and end-of-life issues (e.g. suffering, grief reactions, unfinished business), (7) Treatment of family and social systems, (8) Interface with other disciplines through interdisciplinary teams and consultation in multiple venues, (9) End-of-life decision making and ethical issues in providing palliative care and hospice services.

Opportunities within palliative care exist on both the outpatient and inpatient settings working within the context of our core interdisciplinary team comprised of five disciplines: medicine, psychology, social work, nursing, and chaplaincy. The role of psychology in the outpatient clinic is predominantly to provide assessment of psychological/cognitive symptoms, quality of life, and existential suffering in order to provide intervention and treatment recommendations. Concerns for which patients may be identified/referred include difficulty managing a physical condition and its associated symptoms (e.g. pain associated with malignancy), increased psychological distress, maladjustment, adherence issues, evaluation of capacity, complicated family dynamics, decreased overall quality of life, and existential crises experienced within the context of a terminal illness. Group interventions are also offered such as

support groups (e.g. cancer, caregiver), problem-solving therapy, meaning-centered psychotherapy, and groups for advance care planning.

Inpatient psychological services are also provided to patients who are hospitalized on various medical services 1) Inpatient Medicine/Surgery, 2) Community Living Center, and 3) Hospice. Psychologists provide assessment and intervention at the bedside and serve as an active member on the interdisciplinary team. Family members of Veterans are evaluated and offered individual counseling for caregiver stress. Bereavement services are also offered to family members/caregivers of Veterans.

### **Ambulatory Mental Health (AMH)**

#### **Supervisor: Shannon Hartley, Ph.D.**

Working within the framework of the Ambulatory Mental Health Clinic (AMH), multidisciplinary staff provide comprehensive mental health services to Veterans suffering from issues related to anxiety, mood, personality, adjustment, and grief. Primary duties within AMH include screening, triaging, and providing treatment for a variety of DSM-5 diagnoses. The resident will provide a range of therapeutic interventions with an emphasis on, but not restricted to, time-limited strategies. Residents can learn Interpersonal Psychotherapy for Depression and Motivational Enhancement Therapy for Alcohol Use Disorders. Dependent on proficiency, the resident will also engage in completing psychological assessments from within AMH and other services for diagnostic clarification and treatment recommendations. The postdoctoral resident will be a full member of the AMH team including patient staffing, development of treatment plans, and group supervision.

### **Psychosocial Rehabilitation (PSR)**

#### **Supervisor: Baris Konur, Psy.D.**

This rotation will emphasize development of skills needed to provide psychological services to a population with serious mental illness (SMI).

Major components of this rotation include evaluation and treatment of clinical and psychosocial problems both within an outpatient clinical setting and out in the community;

- Collaborate and work hand-in-hand with the Mental Health Intensive Case Management (MHICM) team
- Outreach to Veterans with SMI that are lost to care via the SMI Re-Engage Program
- Collaborate and consult with community providers and other stakeholders
- Provide group psychoeducation as part of the Psychosocial Recovery Program
- Provide education to staff and community stakeholders on SMI, Veteran issues, and other relevant topics

Residents have the opportunity to take part in promoting recovery principles and providing mental health care outside of a traditional outpatient setting. The rotation is highly customizable and allows the resident a large amount of flexibility in what services are provided depending on interests. In addition, residents are provided the opportunity to participate in activities that are outside of what is commonly thought of as “VA psychologist” activities. As this rotation is set within a community based outpatient clinic, residents will also gain experience working with problems that have biopsychosocial origins (mood, anxiety, substance abuse, sleep, adjustment, life stressors, medical conditions, pain, and anger management).

### **Research**

#### **Supervisors: Amanda M Raines, Ph.D. and Laurel Franklin, Ph.D.**

Whereas all residents complete a scholarly project during their training year (see “Long Term Project” in the section below), individual residents also may apply to participate in a research-focused training experience. The minimum requirement of 500 clinical hours must be met regardless of participation in research.

Emphasis is placed on development and implementation of an advanced curriculum that will promote resident skills and experiences in clinically relevant research. Specifics of the research training will vary to

reflect the diversity of ongoing research programs and opportunities available at the start of the postdoctoral year as well as the trainees experience and skill level.

### **Recent Publications (\* Denotes Trainee):**

- Daruwala, S. E., Houtsma, C., Martin, R. L., Green, B. A., Capron, D. W., & Anestis, M. D. (2021). Masculinity's association with the Interpersonal Theory of Suicide among military personnel. *Suicide and Life-Threatening Behavior*, 00, 1-10.
- \*Heggeness, L. F., Paulus, D. J., Vidaurri, D. N., Franklin, C. L., & Raines, A. M. (2021). Depressive symptomatology and alcohol misuse among treatment-seeking military veterans: Indirect associations via ruminative thinking. *Addictive Behaviors*.
- Raines, A. M., \*Primeaux, S. J., Ennis, C. R., Walton, J. L., Slaton, K. D., Vigil, J. O., Allan, N. P., Paulus, D. J., Zvolensky, M. J., Schmidt, N. B., & Franklin, C. L. (2021). Posttraumatic stress disorder and pain in veterans: Indirect association through anxiety sensitivity. *Cognitive Therapy and Research*.
- Raines, A. M., Ennis, C. R., Allan, N. P., McGrew, S. J., Walton, J. L., Rogers, A. H., Zvolensky, M. J., Schmidt, N. B., & Franklin, C. L. (2021). Anxiety sensitivity and substance use: Differential levels across individuals primarily using opioids, cannabis, or stimulants. *Addictive Behaviors*.
- Boffa, J. W., Houtsma, C., Raines, A. M., Franklin, C. L., Constans, J. I., Schmidt, N. B., & Jones, K. R. (2020). Rural Suicide Prevention and COVID-19: Failing to Prepare is Preparing to Fail. *Journal of Rural Mental Health*, 44, 202-204.
- Houtsma, C., Raines, A. M., & Constans, J. I. (2020). Commentary on "PTSD and firearm ownership, access, and storage practices: A systematic review." *Clinical Psychology: Science and Practice*, 00, e12372.
- \*Macia, K. S., Raines, A. M., Maieritsch, K., & Franklin, C. L. (2020). Comparison of PTSD Symptom Networks in Veterans with Combat Versus Other Trauma. *Journal of Affective Disorders*.
- Morabito, D. M., Boffa, J. W., Bedford, C. E., Chen, J. P., & Schmidt, N. B. (2020). Hyperarousal symptoms and perceived burdensomeness interact to predict suicidal ideation among trauma-exposed individuals. *Journal of Psychiatric Research*, 130, 218-223.
- Oglesby, M. E., Short, N.A., Morabito, D., & Schmidt, N. B. (2020). Prospective associations between intolerance of uncertainty and psychopathology. *Personality and Individual Differences*.
- Raines, A. M., Allan, N. P., \*McGrew, S. J., Gooch, C. V., Wyatt, M., Franklin, C. L., & Schmidt, N. B. (2020). Evaluating the utility of a brief computerized anxiety sensitivity intervention for opioid use: A pilot investigation. *Addictive Behaviors*, 104.
- Raines, A. M., \*Macia, K. S., Currier, J., Compton, S. E., Ennis, C. R., Constans, J. I., & Franklin, C. L. (2020). Spiritual Struggles and Suicidal Ideation in Veterans Seeking Outpatient Treatment: The Mediating Role of Perceived Burdensomeness. *Psychology of Religion and Spirituality*. Advance online publication.

- Raines, A. M., Thomas, E. A., Tock, J. L., Hallinan, T. M., Hartley, S., MacKenna, H., Constans, J. I., & Franklin, C. L. (2020). Examining the Effectiveness of a Group-Based Behavioral Activation Treatment for Depression among Veterans. *Journal of Psychopathology and Behavioral Assessment*, 42, 306-313.
- Shapiro, M. O. & Gros, D.F. (2020). Acceptability of a transdiagnostic behavior therapy in veterans with affective disorders. *Psychological Services*.
- Franklin, C. L., Raines, A. M., & Hurlocker, M. C. (2019). No trauma, no problem: Symptoms of posttraumatic stress in the absence of a Criterion A stressor. *Journal of Psychopathology and Behavioral Assessment*, 41(1), 107-111.
- McGrew, S. J., Ennis, C. R., Vujanovic, A., Franklin, C. L., & Raines, A. M. (2019). An Initial Investigation of the Association between Distress Intolerance and Posttraumatic Stress within Military Sexual Trauma Survivors. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(3), 306-312.

NCBI Bibliography:

[https://www.ncbi.nlm.nih.gov/sites/myncbi/1vEH7rVV\\_YIA3/bibliography/51034918/public/?sort=date&direction=ascending](https://www.ncbi.nlm.nih.gov/sites/myncbi/1vEH7rVV_YIA3/bibliography/51034918/public/?sort=date&direction=ascending).

Google Scholar Bibliography:

<https://scholar.google.com/citations?user=s34Y8HwAAAAJ&hl=en&oi=ao>

## **Additional Postdoctoral Residency Program Features**

### **Individualized Training**

For postdoctoral residents in PTSD, PCMHI, and Pain & Rehabilitation Psychology, approximately 25% of time is comprised of a training experience outside of their emphasis area. For all postdoctoral residents, training is outlined in individualized training plans. This written plan is developed in the beginning of the year by the postdoctoral residents in conjunction with his/her supervisor(s). This contract contains training goals determined by informal needs assessment, with proposed learning experiences in clinical care, research, teaching, administration, and professional development. This learning contract may be modified during the training year as needed. With the emphasis on individualized training, postdoctoral residents are integrally involved in the training process itself. This aids in fostering professional identity and increased responsibility for the trainee.

### **Long Term Project**

Each postdoctoral resident will be expected to devote a number of hours per week of the training year to a long term project. In keeping with our scientist-practitioner model, long term projects, which can be in the area of research or program analysis/quality improvement, will result in a product that is suitable for 1) presentation at a professional conference (e.g., paper, poster, workshop); 2) publication in a professional journal; or 3) submission to IRB.

### **Compensation and Benefits**

Postdoctoral residents receive a stipend of \$46,222 for the 2022-2023 training year, paid biweekly. Postdoctoral residents also are eligible for the full range of health and life insurance options available to all Federal employees. As with staff psychologists, professional liability coverage for all mandated activity is provided by the Federal Tort Claims Act. Benefits include 13 vacation days, 13 sick days, 11 federal

holidays, approved educational and professional leave, and health insurance. Additionally residents are able to utilize authorized absence (AA) for workshops and presentations

## **Supervision**

Postdoctoral residents receive at least two-hours per week of individual, face-to-face, regularly scheduled supervision with a licensed psychologist. Postdoctoral residents receive supervision from at least two psychologists during each training year, one of whom serves as the primary mentor or supervisor. Postdoctoral residents participate in weekly group supervision. In addition, they participate in other structured learning activities, which may include co-therapy, group supervision, didactics, or seminars. Supervision is provided relevant to the professional services conducted by the postdoctoral resident. Moreover, residents often have the opportunity to receive supervision of the adjunctive supervision they provide to other staff or junior trainees such as interns and externs. Finally, given the interdisciplinary nature of the training setting, consultation with providers of other disciplines is encouraged.

## **Evaluation**

Each postdoctoral resident's progress through the program is evaluated both informally and formally. Postdoctoral residents receive ongoing feedback during their regular supervision and other contact with their direct supervisors. Formal evaluation occurs at the end of the postdoctoral resident's third, sixth, and twelfth month of training. Such evaluation is based upon direct observation of each postdoctoral resident's clinical work by multiple supervisors; review of each resident's written work, including all progress notes and clinical reports; review of any relevant research work product; education and teaching experiences; and consultation with all relevant multidisciplinary clinical staff. The responsibility for communicating the results of this evaluation lies with each individual supervisor. Face-to-face discussion of postdoctoral resident's evaluation is required before the evaluation is signed and accepted by the Co-Director of Clinical Training. Postdoctoral residents are also asked to provide both verbal and written evaluation of training experiences and supervisors.

## **Seminars and Didactics**

Postdoctoral residents are required to attend weekly didactics at the SLVHCS, presented by psychologists and other SLVHCS staff. Additionally, postdoctoral residents attend a monthly Diversity Video-teleconferencing (V-TEL) presentation directed at the postdoctoral training level which is given by a range of practitioners and researchers employed in a variety of settings nationally within the VA system. Each presentation includes a brief but substantive didactic presentation and embeds opportunities for group discussion among all participating sites throughout the presentation. Postdoctoral residents may attend Psychiatry Grand Rounds at the Tulane University School of Medicine. Postdoctoral residents are also expected to provide didactic training to SLVHCS trainees and staff members.

## **Telehealth**

Clinical Video Telehealth (CVT) is defined as the use of real-time interactive video conferencing, sometimes with supportive peripheral technologies, to assess, treat and provide care to a patient remotely. Typically CVT links the patient(s) at a clinic to the provider(s) at another location. CVT can also provide video connectivity between a provider and a patient at home or other non-VA location. Postdoctoral residents have the opportunity to conduct assessments and therapy through CVT in many clinics at SLVHCS reducing physical and financial barriers to care and increasing access for rural Veterans.

## **Requirements for Completion**

***Minimum levels of competence expected for postdoctoral residents to remain in good standing in the program:***

- Postdoctoral Residents need to satisfactorily engage in their individualized training plans and review progress in weekly supervision.
- Postdoctoral Residents need to attend required didactics and other seminars and comply with other administrative requirements of the program.
- Postdoctoral Residents need to develop competence in skills specified on the Psychology

Training Evaluation: Resident Form. Competencies are assessed by frequent review of individualized training plans, frequent informal evaluation of progress by supervisors & the Training Director, and formal three times yearly written evaluations.

- Adherence to the APA ethics code.

***Minimum expectations for postdoctoral residents to complete the postdoctoral residency in good standing with the program:***

- Successfully complete the long-term project.
- At the end of the year, all items should be rated **5 or higher** in the Competency Ratings area of Rotation Evaluation by Supervisor.
- Not be found to have engaged in any significant ethical transgressions.
- Deliver all signed evaluations and training logs (e.g., training plans, supervision contracts, three, six and final evaluations, patient hours log) to Co-directors of training.
- Complete at a minimum 500 face-to-face clinical hours.

### **Facility and Training Resources**

Postdoctoral residents are eligible to train in at least three to four outpatient clinics according to training track. Currently, interns and residents share a “bullpen” office space with a desk, telephone, and computer terminal for each trainee. Swing offices are utilized for individual patient sessions. On various rotations and in different clinic settings, residents may change offices. Training settings consist of large and small conference rooms, and group rooms. SLVHCS is associated with Tulane Medical Center as well as Louisiana State University Medical Center. Postdoctoral residents have online access to library services including access to psychology and medical journals. Most commonly used intelligence, personality, and neuropsychological tests are available in our test file. Some are also available in an automated administration and interpretation package. Clerical support for clinical scheduling and documentation needs is available through the clinical programs.

### **Administrative Policies and Procedures**

Our privacy policy is clear: we will collect no personal information about you when you visit our Website. Problem resolution and complaint procedures to ensure postdoctoral residents have due process in addressing concerns are available and described in our Psychology Postdoctoral Resident Training Manual which postdoctoral residents receive in the beginning of the training year.

### **Staff and Faculty**

The following psychologists serve as supervisors of postdoctoral residents for the training year. The following brief biographical sketches highlight the qualifications and interests of each faculty member.

**Joseph “Jay” Boffa, Ph.D.** VISN 16 South Central MIRECC Core Investigator; SLVHCS Graduate Psychologist and Suicide Prevention Coordinator; Clinical Assistant Professor, Tulane University School of Medicine Department of Psychiatry and Behavioral Sciences. Dr. Boffa completed his Doctorate of Philosophy in Clinical Psychology at Florida State University and pre-doctoral internship at SLVHCS in 2020, after which he joined the SLVHCS staff. His research has focused on cognitive-affective variables that intersect PTSD and suicide risk, and the development of novel interventions to target those conditions. Dr. Boffa has published more than three-dozen peer-reviewed articles and obtained funding awards from the NIMH, Military Suicide Research Consortium, and VA South Central MIRECC. His clinical specialties include diagnostic assessment, cognitive behavioral therapies for anxiety- and trauma-related disorders, and suicide risk management. He is an unabashed Southern California native, which actually lends itself to enjoying everything about New Orleans. Well, except the humidity.

**Meghan Borne, Ph.D.** Staff Psychologist, Ambulatory Mental Health (AMH). Following the completion of an internship at the Federal Medical Center in Fort Worth, Texas, Dr. Borne received a doctoral degree in Clinical Psychology from Jackson State University in 2015. She is currently licensed in Louisiana. Dr.



Borne worked for the Federal Bureau of Prisons for six years prior to transferring to SLVHCS. She treats a wide variety of disorder using various treatments including Cognitive Behavioral Therapy for Depression, Cognitive Behavioral Therapy for Insomnia, Imagery Rehearsal Therapy for Nightmares, and Anger Management. She enjoys participating in community events to raise awareness and reduce stigma associated with mental health. During her free time, Dr. Borne enjoys music, food, traveling, and spending time with family and friends.

**Royce D. Butler, Psy.D., M.H.A.** Staff Psychologist, Primary Care Mental Health Integration (PCMHI)/Ambulatory Mental Health (AMH); Clinical Health Psychology, Nova Southeastern University, 2011; Clinical Psychopharmacology, Nova Southeastern University, 2014. Dr. Butler completed his pre-doctoral psychology internship with an emphasis on behavioral medicine/health psychology at SLVHCS. He then worked in PCMHI at the G.V. (Sonny) Montgomery VA Medical Center in Jackson, MS for two years prior to returning to his home state of Louisiana to work at the VA Community-Based Outpatient Clinic (CBOC) in Baton Rouge. He will be taking the Psychopharmacology Examination for Psychologists (PEP) this fall to become a licensed medical psychologist with prescriptive authority in Louisiana. His primary theoretical orientation is cognitive-behavioral/client-centered therapy and his professional interests include psychopharmacology, chronic illness management (particularly cardiovascular health, diabetes, cancer, chronic pain management, and dementia/other neurocognitive disorders), and reducing mental health stigma especially in minority populations. Dr. Butler enjoys spending time with friends and family, traveling, music, and taking care of his beagle, Jax.

**Daniel DeBrule, PhD.** Suicide Prevention Coordinator, SLVHCS; Assistant Professor of Medicine & Psychiatry, Baylor College of Medicine. Dr. DeBrule earned a Ph.D. in Clinical Psychology from the University of Southern Mississippi and completed internship/residency at the New Orleans VA Medical Center then University of Mississippi Medical Center/Jackson VA, after being displaced from New Orleans in 2005 by Katrina. From 2007-2012, he was an Assistant Professor at Indiana University South Bend, Lab Director of IU South Bend's Suicide Research Team, and project director of the Alice Swarm Trust endowment. He was awarded the Early Career Psychologist recognition by the Indiana Psychological Association in 2013 and the presidential merit distinction by the American Psychological Association for his workshop on Integrated Care, presented at the APA annual conference, in 2016. Dr. DeBrule was the Health Behavior Coordinator at the Houston VA Medical Center for 7 years, where he coordinated health promotion programs such as MOVE!, served as Whole Health Director, and managed training programs such as Motivational Interviewing for medical staff. Dr. DeBrule is a Faculty member of the National Suicidology Training Center, and enjoys music, running, travel, and concerts in his spare time.

**Chelsea R. Ennis, Ph.D.** Staff Psychologist, PTSD Team; Evidence Based-Psychotherapy Coordinator; South Central MIRECC Affiliated Faculty Member; Assistant Professor, Department of Psychiatry and Behavioral Sciences, Tulane University School of Medicine. Dr. Ennis completed her Doctorate of Philosophy in Clinical Psychology at Florida State University in 2019. She completed her pre-doctoral psychology internship at SLVHCS with an emphasis on PTSD and suicide prevention research. She subsequently accepted a position as a PTSD psychologist upon completion of her internship. Her clinical interests include PTSD and anxiety disorders, as well as suicide prevention interventions. Dr. Ennis is also currently the Principal Investigator on a South Central MIRECC Pilot Grant examining the utility of a group-based cognitive behavioral therapy for suicide prevention among rural veterans. Her research interests involve the identification of risk and maintenance factors for PTSD and related sequelae, including suicidal and non-suicidal self-injury, as well as suicide prevention interventions. In her free time she enjoys eating and drinking her way through New Orleans and playing with her dog.

**Laurel Franklin, Ph.D.** Assistant Chief, Psychology Service; Clinical Associate Professor, Department of Psychiatry and Behavioral Sciences, Tulane University School of Medicine. Dr. Franklin received a Ph.D. in clinical psychology from Pacific Graduate School of Psychology, and completed a psychology internship at the New Orleans VAMC (now SLVHCS) and a postdoctoral fellowship at Brown University/Rhode Island Hospital. Currently licensed in Louisiana, her professional interests are assessment of posttraumatic reactions; treatment of posttraumatic insomnia; and evidenced based treatments. Dr. Franklin is currently the Site Lead for the South Central Mental Illness, Research, Education and Clinical Center (MIRECC). Current research projects include being the site investigator for

a PCORI funded study titled “Comparative Effectiveness of Trauma-Focused Treatment Strategies for PTSD Among Those with Co-Occurring SUD (COMPASS).” Dr Franklin is a member of the International Society for Traumatic Stress Studies, Southeastern Psychological Association, and the Louisiana Psychological Association, where she is the chair of the Awards Committee. She is a board member for Journal of Trauma and Dissociation. When not at work, Dr. Franklin enjoys keeping up with her eleven-year-old son. She loves Mardi Gras and her French Bulldog “Skull.” She misses traveling the world with her family and is currently plotting their next adventure.

**Shannon Hartley, Ph.D.** Staff Psychologist, Ambulatory Mental Health (AMH). Dr. Hartley completed her Ph.D. in Clinical Medical Psychology, 2006, with the University of Alabama at Birmingham. Postdoctoral fellowship in Pediatric Psychology at the University of Louisville School of Medicine and Kosair Children’s Hospital was completed in 2007. Dr. Hartley first worked at an inpatient psychiatric facility serving an inner-city population by conducting psychological evaluations for children, adolescents, and adults. She then joined SLVHCS where she first served on the PTSD Clinical Team and then AMH. She works with a wide variety of diagnoses and presenting issues using various treatments including Interpersonal Psychotherapy for Depression (IPT-D), Problem Solving Therapy, Motivational Enhancement Therapy (MET), Acceptance and Commitment Therapy (ACT-D), Cognitive Behavioral Therapy for Insomnia (CBT-I), CBT for Depression (CBT-D), and CBT for Psychosis. Dr. Hartley was born and raised in Metairie, LA, where she currently lives with her husband and four children.

**Claire Houtsma, Ph.D.** Graduate Psychologist and Suicide Prevention Coordinator, SLVHCS; Clinical Investigator, South Central MIRECC. Dr. Houtsma completed her Doctorate of Philosophy in Clinical Psychology at the University of Southern Mississippi in 2020. She completed internship at SLVHCS. Dr. Houtsma’s research interests include firearm suicide, service member & Veteran suicide prevention, development of lethal means safety interventions, and sociocultural influences on suicide risk. Her clinical interests include evidence-based psychotherapies for PTSD, depression, anxiety, and emotion dysregulation (e.g., CPT, PE, CBT, DBT, MI). Dr. Houtsma is an active member of the American Association of Suicidology. She is originally from Chicago and encourages anyone who visits to try a Portillo’s Italian beef sandwich. During her free time she enjoys walks around Audubon Park, soccer, attending Broadway musicals, live comedy, and any New Orleans festival.

**Emily Ibert, Ph.D.** Staff Psychologist, Primary Care Mental Health Integration (PCMHI). Dr. Ibert completed her pre-doctoral psychology internship and postdoctoral fellowship at SLVHCS. She then worked at the Fleet and Family Support Center at the Naval Air Station Joint Reserve Base New Orleans, providing counseling services to active duty military service members and their families, before joining the SLVHCS staff in 2014. She is licensed in Louisiana. Her clinical interests include treating chronic pain, insomnia, depression, and anxiety.

**Arnold James, Ph.D.** Co-Director of Psychology Programs, Diversity, Equity, and Inclusion; HBPC Psychologist; Dr. James is a Louisiana licensed Clinical Psychologist. He received his education from The University of South Carolina. He received a Bachelor of Science in Psychology, a Master of Public Health in Health Education and Promotion, and his Doctor of Philosophy in Clinical-Community Psychology. He was affiliated with the Tulane School of Medicine, Department of Psychiatry and Behavioral Sciences for over 20 years, in various capacities diagnosing and treating mental disorders. He has worked as an inpatient and outpatient psychotherapist, in and around the New Orleans Metro area, employing brief and long-term psychotherapy modalities. Currently, he is a psychologist in Home Base Primary Care at the Southeast Louisiana Veterans Health Care System and treats outpatients in a private practice. These patients have a wide range in age, and severity of diagnostic presentation. Dr. James has completed a postdoctoral fellowship in Psychoanalytic Psychotherapy from the New Orleans-Birmingham Psychoanalytic Institute, and was awarded Diplomate status in the International Academy of Behavior Medicine, Counseling and Psychotherapy in Psychotherapy. Dr. James has recently been acknowledged as a Clinical Scholar by the Robert Wood Johnson Foundation.

**Kenneth “Ken” Jones, Ph.D.** Chief, Psychology Service; Dr. Jones joined SLVHCS as the Chief Psychologist in 2019, after 15 years of service with VA headquarters. Most recently, Dr. Jones served as the Director of Associated Health in the VA Office of Academic Affiliations, overseeing allied health

clinical training across VA, including VA's Psychology training portfolio. Previously, he led the development and implementation of the MOVE! Weight Management Program for Veterans as a member of the VA Preventive Medicine team. He first came to VA in 1991 and has over 25 years of VA service. He has also worked in academic and clinical settings. A clinical health psychologist/psychophysiologicalist, his clinical and research interests include the management of chronic pain, obesity, metabolic syndrome, functional gastrointestinal disorders, and stress. He holds his Ph.D. in Clinical Psychology from the University of Southern Mississippi, interned at Rush Medical University, and was a clinical research fellow at the University of North Carolina at Chapel Hill. He was the 2017 recipient of the James Besyner Lifetime Achievement Award from the APA Section of VA Psychologists in Public Service, and he is the 2019 recipient of the VA Psychology Training Council - Antonette and Robert Zeiss Award for his support of VA psychology training, nationally. He holds awards for his research efforts (military sexual trauma in female Veterans, the pathophysiology of irritable bowel syndrome) and for his clinical leadership with VA's weight management program. Dr. Jones is currently serving as the Past President of the Association of VA Psychology Leaders.

**Baris B. Konur, Psy.D.** Local Recovery Coordinator. Clinical Psychology, Regent University, 2005. Prior to completing his doctorate, Dr. Konur completed a one-year clinical internship with Eastern Virginia Medical School in Norfolk, VA with a focus on rehabilitation psychology and clinical neuropsychology within medical and psychiatric settings. Dr. Konur then completed a two year post-doctoral fellowship with the VHA National Center for Organization Development whose mission is to provide organizational assessment and consultation to VHA facilities nationwide. He is licensed in Ohio. These prior experiences have prepared him for his current position as Local Recovery Coordinator for the Southeast Louisiana Veterans Health Care System (SLVHCS). Dr. Konur participates in a variety of functions, including providing consultative services to mental health staff in areas of recovery, collaborating and partnering with community agencies, consulting with primary care staff on serious mental illness, as well as managing the Workplace Violence Prevention Program. Outside of SLVHCS, Dr. Konur enjoys offshore fishing, boating, running and spending time with his family.

**Christopher R. L. Parkinson, Ph.D., ABPP** Co-Director of Psychology Programs; Palliative Care Psychologist; Adjunct Clinical Instructor, Department of Psychiatry & Behavioral Science, Tulane University School of Medicine; South Central MIRECC Affiliated Faculty Member. Dr. Parkinson completed his Doctorate of Philosophy in Clinical Psychology at Rosalind Franklin University of Medicine & Science in 2014 with emphasis in Health Psychology. He completed internship at the Gulf Coast Veterans Health Care System in Biloxi, Mississippi and postdoctoral fellowship in behavioral medicine/health psychology with emphasis in pain at SLVHCS. He is licensed in the state of Louisiana and board certified in clinical health psychology. Dr. Parkinson's professional interests include behavioral medicine, adjustment to chronic illness, psycho-oncology, promoting resilience, enhancing quality of life, assessing capacity, advance care planning, telehealth, and interprofessional care. Dr. Parkinson is a member of the Society of Behavioral Medicine and President of the Louisiana Psychological Association for 2021-2022. He is a native New Orleanian. During his free time, he enjoys travelling, LSU football (Geaux Tigers!), arguing for the superiority of Marvel to DC, and parading with the Krewe of King Arthur.

**Amanda M. Raines, Ph.D.**, Clinical Investigator with the South Central MIRECC and SLVHCS; Assistant Professor, Department of Psychiatry, Louisiana State University. Dr. Raines completed her Doctorate of Philosophy in Clinical Psychology at Florida State University in 2016 and her pre-doctoral internship and post-doctoral residency at SLVHCS in 2016 and 2017, respectively. Dr. Raines' research focuses on identifying and empirically examining transdiagnostic risk and maintenance factors, as well as the development and refinement of novel interventions that can be used to prevent and treat anxiety and related forms of pathology including PTSD and suicide. To date, she has published over 100 peer-reviewed manuscripts and received support for her work from various intramural and extramural agencies. Dr. Raines is a member of the Association for Behavioral and Cognitive Therapies (ABCT), Association of VA Psychologist Leaders (AVAPL), and Division 12 of the American Psychological Association (APA). During her free time, she likes to spend time with Dr. Franklin, her husband Jason, and Goldendoodle Saint Charles.

**William “Bill” Schmitz Jr., Psy.D.** Clinical Psychologist, Baton Rouge Community-Based Outpatient Clinic. Dr. Schmitz was destined to be an adolescent psychologist prior to completing a practicum experience at the Central Texas VA in Waco, TX. Following a year internship at this same location, followed by a year of research in the VA, he then completed the SMIT postdoctoral fellowship at the Michael E. DeBakey VAMC in Houston, TX. Since August 2007 he has served as an AMH psychologist in Baton Rouge. Professionally, Dr. Schmitz has focused on suicide prevention, intervention, and postvention, working in various leadership positions within the American Association of Suicidology (including a 2-year term as President), and he currently serves on the board of the Baton Rouge Crisis Intervention Center, where he is also a member of the faculty at the National Suicidology Training Center.

**Dustin A. Seidler, Ph.D.** Staff Psychologist, Women’s Health Clinic. Clinical Psychology, Southern Illinois University-Carbondale, College of Liberal Arts 2020. Dr. Seidler completed his pre-doctoral psychology internship and postdoctoral residency with an emphasis in PTSD and research, at SLVHCS and is currently licensed in Alabama. He accepted the position as the Women’s Health Clinic psychologist at the Baton Rouge Outpatient Clinic upon completion of his postdoctoral fellowship and is also involved in the Early Psychosis Intervention Coordination (EPIC) program. His professional interests include evidenced based treatment; cognitive behavioral therapy; Acceptance and Commitment Therapy; transdiagnostic treatments; trauma-focused and exposure-based treatments for PTSD; and clinical research. Dr. Seidler, both a Veteran and an active member of the Louisiana Army National Guard, enjoys spending time with his family, running and bicycling, and is a self-proclaimed geek who enjoys all Marvel movies, Star Trek, and reads an average of 25 science fiction novels each year.

**Mary Shapiro, Ph.D.** Clinical Investigator and Staff Psychologist, SLVHCS. Dr. Shapiro completed her graduate training at Florida State University and her pre-doctoral internship and postdoctoral fellowship at the Medical University of South Carolina. Upon completion of her fellowship, she accepted a position at SLVHCS as a Clinical Investigator. Her research is broadly focused on: (1) developing novel, technology-assisted treatments for anxiety- and trauma-related conditions and (2) the intersection of traumatic stress, women’s health, and substance use disorders. In her free time, Dr. Shapiro enjoys spending time with her family and friends and trying the many New Orleans restaurants!

**Karen Slaton, Ph.D.** Program Manager, Primary Care Mental Health Integration and Behavioral Medicine and Health Behavior Coordinator; Clinical Assistant Professor, Department of Psychiatry and Behavioral Health, Tulane University School of Medicine; and Clinical Assistant Professor of Medicine at Louisiana State University School of Medicine in New Orleans. Dr. Slaton received her Ph.D. in Counseling Psychology from the University of Southern Mississippi in 2000. Dr. Slaton completed a clinical psychology internship and fellowship at Tulane University School of Medicine. After training, she joined the faculty at Tulane in Family Medicine and Psychiatry where she remained until Hurricane Katrina. Prior to SLVHCS, Dr. Slaton maintained a private practice as the owner of Northshore Psychological Services. She is licensed in Louisiana and is certified in Sports and Clinical Hypnosis. She is President of the New Orleans Society for Clinical Hypnosis. Dr. Slaton’s professional interests include behavioral medicine, integrated mind-body medicine, health promotion and disease prevention, clinical hypnosis, performance enhancement and treatment of chronic pain. She is a fitness enthusiast and is certified by the American College of Sports Medicine as an Exercise Physiologist. She is also a registered yoga teacher.

**Crystal M. Tillis, Ph.D.** Coordinator of Stress Management Program (Coping After Stressful Events – C.A.S.E.), Clinical Psychologist, Ambulatory Mental Health Team, SLVHCS Baton Rouge South Clinic. Clinical Psychology, Jackson Statue University, 2012. Dr. Tillis completed her pre-doctoral psychology internship at Citrus Health Network, Inc., in Hialeah, FL, and postdoctoral fellowship in the private sector. She accepted a Clinical Psychology position with Alexandria VA Medical Center in 2018, providing clinical services at the Lake Charles, LA CBOC. Dr. Tillis transferred to SLVHCS in 2021, to primarily coordinate and conduct a stress management program for VA staff, following the COVID-19 pandemic, as well as clinical services to veterans. Her professional interests are evidenced based treatments for depression, anxiety, stress, and PTSD; cognitive behavioral psychotherapy for depression; problem-solving training, and cognitive processing therapy; and clinical research. Dr. Tillis enjoys spending time with family and

friends, baking, and scrapbooking. A Baton Rouge native, Dr. Tillis, loves southern cuisine, especially crawfish.

**Desirae N. Vidaurri, Ph.D.** Inpatient psychologist; Inpatient Program Coordinator; Acting Local Recovery Coordinator; Clinical Instructor. Clinical Psychology, University of Maine, 2016. Dr. Vidaurri completed her pre-doctoral internship with an emphasis on trauma recovery and 11 months of a trauma focused post-doctoral residency at SLVHCS in 2016 and 2017, respectively, before joining SLVHCS as a Staff Psychologist. She is currently licensed in Virginia. Dr. Vidaurri's training, which began at her undergraduate institution (hook 'em), has focused on understanding the incorporation of research into psychology. This strong emphasis on empirically based treatments, particularly cognitive behavioral therapies, was further maintained throughout graduate school and subsequent training experiences. Clinically, she has particular interest in trauma-related disorders, depression, and SMI, as well as working with populations with low motivation/confidence to engage in treatment; which lends nicely to her role on the acute inpatient mental health unit. Overall, Dr. Vidaurri strives to provide evidence based treatments in a way that is palatable for all Veterans, aiming to find ways to improve quality and continuity of care. Outside of work, she greatly enjoys time with friends and experiencing the New Orleans lifestyle, with a particular proclivity for food and all things Mardi Gras and glitter.

**Joseph O. Vigil, Ph.D.** Staff Rehabilitation Psychologist detailed to the Physical Medicine and Rehabilitation Product Line; Adjunct Instructor, Department of Rehabilitation Counseling, Louisiana State University Health Sciences Center. Counseling Psychology, The University of Memphis, 2003. Dr. Vigil completed his pre-doctoral psychology internship at the Central Arkansas Veterans Healthcare System in 2003, and he completed his postdoctoral hours working for a private practice in the New Orleans area in 2005 mostly performing neurocognitive and disability assessments, where he also served as a consultant/expert witness in regional torts. Dr. Vigil holds an additional license in Louisiana as a vocational rehabilitation counselor and specializes in rehabilitation psychology assessment and counseling. He is also a member of American Psychological Association's Division 22 (Rehabilitation Psychology) and Southern Pain Society. When not at work for SLVHCS, Dr. Vigil mostly spends time with his child and family. He also enjoys playing and coaching soccer, as well as personal training, when not actively advancing awareness and research for classic Late Infantile Neuronal Ceroid Lipofuscinosis (or Batten Disease).

**Jessica Walton, Ph.D.** Interim Director of Training for Psychology Service, SLVHCS; Staff Psychologist, PTSD Team; Clinical Assistant Professor, Department of Psychiatry and Behavioral Sciences, Tulane University School of Medicine; South Central MIRECC Affiliate. Clinical/Rehabilitation Psychology, Illinois Institute of Technology, College of Psychology 2013. Dr. Walton completed her pre-doctoral psychology internship and postdoctoral residency, with an emphasis on PTSD treatment and research, at SLVHCS. She accepted the position as PTSD/SUD psychologist upon completion of her postdoctoral residency. Her professional interests are evidenced based treatments for PTSD; cognitive behavioral psychotherapy; treatment of posttraumatic insomnia; exposure-based treatments; and clinical research. Dr. Walton enjoys spending time with family, playing Fantasy Football, and working out at Orange Theory. A New Orleans native, Dr. Walton, is an avid New Orleans Saints fan and travels to away games several times per football season to support her "Who Dat" boys.

### **Local Information**

The city of New Orleans is a diverse and cosmopolitan community. The residents of New Orleans and southern Louisiana reflect diversity in race, ethnicity, religion, sexual orientation, gender identity, and socioeconomic status. New Orleans and southern Louisiana is an area rich in African American, Creole and Cajun history, events, and practices. Our staff both values and participates in the rich cultural experiences of New Orleans and the Gulf Coast region; as such we encourage our trainees to be active participants in their new community. New Orleans is one of the oldest and most fascinating cities in the United States, and thousands of visitors enjoy its unique attractions throughout the year. The famous French Quarter has been declared a National Landmark as have other historic areas of the city, including the beautiful homes of the upper and lower Garden District which reflects the genius of the architects who

designed them. At Jackson Square, where the French Quarter meets the Mississippi, one can see functioning paddleboats, ferries, and tugboats side by side. New Orleans is famous as the birthplace of jazz music, which is played widely throughout venues in the city, and a rich diversity of all musical styles abounds. There is an abundance of local theatre, arts, and festivals. The Mardi Gras tradition is very much alive, and the beautiful parades preceding the Lenten season are described as the greatest free show on Earth. Carnival is soon followed by the French Quarter Festival and the internationally acclaimed Jazz & Heritage Festival. The New Orleans area is known worldwide for its French, Creole, and Cajun cuisine, as well as the famous seafood of the Gulf Coast Region. Popular recreational activities also include sporting events, such as university and professional football. For those who love the outdoors, Louisiana is a “sportsman's paradise,” with great fishing and beautiful Lake Ponchartrain available for boating. A semitropical climate with rare freezes and lush vegetation makes New Orleans an inviting place for the postdoctoral year.

### **Additional Information on Federal Appointments**

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment:

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment; however, are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.

7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>
  - a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility.
    1. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. Per VHA Directive 1192.01 flu shots are now mandatory for all health care personnel. For more information visit: [Directive 1192.01](#).
    2. In addition, per VHA Directive 1193.0, as of August 2021, a full course of COVID-19 vaccination is mandated for all health care personnel, including trainees. For more information visit: [Directive 1193.0](#)

**\*\*Please note:** Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.\*\*

  - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: <https://www.oit.va.gov/programs/piv/media/docs/IDMatrix.pdf>

Additional information regarding eligibility requirements for appointment as a psychology HPT can be found at the end of this brochure.

#### **Additional information regarding eligibility requirements (with hyperlinks)**

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations. [https://www.va.gov/vapubs/viewPublication.asp?Pub\\_ID=646&FTYPE=2](https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FTYPE=2)
- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>



**Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005 – hyperlinks included):**

**(b) Specific factors.** In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

- (1) Misconduct or negligence in employment;
- (2) Criminal or dishonest conduct;
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- (6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- (7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- (8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

**(c) Additional considerations.** OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

- (1) The nature of the position for which the person is applying or in which the person is employed;
- (2) The nature and seriousness of the conduct;
- (3) The circumstances surrounding the conduct;
- (4) The recency of the conduct;
- (5) The age of the person involved at the time of the conduct;
- (6) Contributing societal conditions; and
- (7) The absence or presence of rehabilitation or efforts toward rehabilitation.

## **Program Admission, Outcome, and Support Data**

### **Postdoctoral Program Admissions**

**Date Program Tables are updated: September 2021**

**Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on resident selection and practicum and academic preparation requirements:** Applicants must be U.S. citizen and have completed training in an APA-approved clinical or counseling psychology program and an APA-accredited psychology internship. All requirements for the doctoral degree must be completed prior to the start of the postdoctoral residency year. A successful candidate for the postdoctoral residency positions in PTSD will have had some specialty training in trauma and PTSD. A successful candidate for the postdoctoral residency positions in Behavioral Medicine will have had some specialty training in behavioral medicine. Our goal is to select postdoctoral residents who have the potential to develop as leaders in clinical services, research, and education. Our emphasis is on goodness of fit with our training model, program philosophy, and a general openness to feedback and supervision.

**Describe any other required minimum criteria used to screen applicants:** N/A

### **Financial and Other Benefit Support for Upcoming Training Year\***



Annual Stipend/Salary for Full-time Residents: \$46,334

Annual Stipend/Salary for Half-time Residents: N/A

Program provides access to medical insurance for resident? Yes

If access to medical insurance is provided:

Trainee contribution to cost required? Yes

Coverage of family member(s) available? Yes

Coverage of legally married partner available? Yes

Coverage of domestic partner available? No

Hours of Annual Paid Personal Time Off (PTO and/or Vacation): 104

Hours of Annual Paid Sick Leave: 104

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? Yes

Other Benefits (please describe): N/A

\*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

## Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2018-2019		2019-2020		2020-2021	
Total # of resident who were in the 3 cohorts	5		3		5	
Total # of residents who remain in training in the residency program	0		0		1	
	PD	EP	PD	EP	PD	EP
Community mental health center						
Federally qualified health center						
Independent primary care facility/clinic						1
University counseling center						
Veterans Affairs medical center		1		1	1	3
Military health center						
Academic health center						
Other medical center or hospital		1		1		
Psychiatric hospital						
Academic university/department						
Community college or other teaching setting						
Independent research institution						

Correctional facility						
School district/system						
Independent practice setting		1		1		
Not currently employed		1		1		
Changed to another field						
Other		1		1		
Unknown						

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.